DEAN HELLER SECRETARY OF STATE State of Nevada

State of Nevada

State of Nevada 2004 CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

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receipt of the	required f and exper	L. YORK	date schedul	hereby acknowledge e for the reporting of Campaign Practices Act.
>	Report No	the prescribed 1 – August 3 2 – October 2 3 – January 1	1, 2004 26, 2004	
	to a civil p	-	\$5,000 for e a	tions and expenses is subject sch violation and payment of
	though: (1) (2) (3) (4) (5) (6) car rec (7)	I withdraw my of have no opport lose the prima My name does neral election bat am elected to I do not file a defination desired campaign	candidacy; sition; ary; not appear o allot; office; eclaration of ed in NRS 25 contribution contribution	Expenses Reports even on either the primary or candidacy, but am a 94A.005 because I have as in excess of \$100; or as and/or expend any funds
>	ASSESSI	· · · · · · · · · · · · ·	FAILURE T	Y CIVIL PENALTY MAY BE O TIMELY FILE THESE
	UNDER F	STAND THAT EVENALTY OF P A.120, 294A.20	ERJURY.	RT MUST BE SIGNED
Signature) ~		Red	eived and Filed:

FILING OFFICER: This form is to be signed, detached and a copy is to be given to the candidate.

day of ____

Filing Officer

, 2004

Any questions? Please visit our website or contact this office at the following: 101 N. Carson Street, Suite 3; Carson City, NV 89701 • 775/684-5705 • www.sos.state.nv.us • nvelection governail.state.nv.us

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		CON	TRIBL	JTIONS	SUMN	IARY					This Pe	erlod	Cumulative From Beginning of Report Period #1 through End of This
										41			Reporting Period
1	1. Total	Monet	ary Cont	ributions l	Received i	in Excess	of \$10	00		#1	189	,00	#15,672
5	2. Total	Monet	anı Cont	ributione i	Received	of \$100 o	r I acc			#2	L82	2,45	#8.486.41
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3			int of Mo	onetary C	ontributi	ons			1 07/04				١, ,
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4		Value ss of \$		d Contrib	utions Rec	eived in	_	D	0	<u>. </u>			•
						EXI	PEN:	SES SUI	MARY		z.		ء م الحار
į	5. Total	Monel	ary Expe	enses Pai	d in Exces	ss of \$100	;			#1,	120.	17	724,874.
			- ,		of \$100						0	-	#100.27
			int of All and 6)	мопетаі	y Expens	es raid				#1	420	,17	#24,974.5
i	8. Total of \$		of In Kind	d Expens	es in Exce	ess	_	0	-0-				,
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HARRY	LI	ORK
Name (print)		

CPE ISUPAC

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
EICON 9790 Gateway Dr. Ste.100 Reno NV 89521	12/27/04	\$234.38	
9295 Prototype Dr. Reno, NV 89521	11/15/04	\$16.00	
John Aschagas Nugget 1100 Nugget Ave. Sparks, NY 89431	11/3/04	#67.31	
Sparks, NY 89431	12/6/010	\$69.31	
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Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

PAGE 3 OF

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

HARRY	L	YORK
Name (print)		

ISUPAC Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Committee to Elect Bob Anderson 3363 Rolan Ct. Las Vegas, NV 89121	J	10/22/04	#250.00
Committee to Elect John Ocequera 1445 Tradewind Ct. Las Vegas, NV 89123	7	12/27/04	\$250.0 <u>c</u>
Strategic Management Services Po Box 4228 Sparks, NV 89423	F	11/2/04	\$450.00
Sparks, NV 89423 Reno-Sparks Chamber of Commerce POBULL 3499 Reno, NV 89505	A	12/31/04	\$220.17
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Rev: JUL-03

Name (print)

CPE ISUPAC Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAK
				:

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#3

HARRY L. YORK

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
<u> </u>			

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Revised: Jan-04

Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362 EL.201.doc

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